

**Application Data Sheet**

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: MODULAR SECURING DEVICE AND  
PROCESS OF LAYING SUCH A DEVICE  
Attorney Docket Number:: 0510-1073  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 3  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: GABRIEL  
Middle Name::  
Family Name:: BRUYERE  
City of Residence:: SAINT-SAUVEUR EN RUE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: L'AMOUR

City of Mailing Address:: SAINT-SAUVEUR EN RUE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 42220

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: PIERRE-MARIE  
Middle Name::  
Family Name:: GAREL  
City of Residence:: CHAPONOST  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 4 RUE ETIENNE RADIX

City of Mailing Address:: CHAPONOST  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 69630

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: DIDIER  
Middle Name::  
Family Name:: PEYRARD  
City of Residence:: MORNANT  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 19 CHEMIN CARIASSE  
  
City of Mailing Address:: MORNANT  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 69440

#### **Correspondence Information**

Correspondence Customer 000466  
Number::

#### **Representative Information**

|                         |        |
|-------------------------|--------|
| Representative Customer | 000466 |
| Number::                |        |

#### **Domestic Priority Information**

|               |                      |                         |                         |
|---------------|----------------------|-------------------------|-------------------------|
| Application:: | Continuity<br>Type:: | Parent<br>Application:: | Parent Filing<br>Date:: |
|               |                      |                         |                         |
|               |                      |                         |                         |

**Foreign Priority Information**

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| FRANCE    | 0208770              | 7/11/02       | Yes                |
|           |                      |               |                    |

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::